

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587765

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6			<i>Cancelled</i>			
7						
8						
9						
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17			<i>Cancelled</i>			
18						
19						
20						
21				1		
22				1		
23				1		
24			<i>Cancelled</i>			
25						
26						
27						
28				1		
29				1		
30				1		
31				1		
32				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		20	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						